FORM D

319259

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

SEC USE ONLY						
Prefix	Serial					
DA	E RECEIVED					
- 1	1					

UNIFORM LIMITED OFFERING EXEM	PTION
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Common Stock	
Filing Under (Check box(es) that apply):	ULOE
A. BASIC IDENTIFICATION DATA	RECEIVED
Enter the information requested about the issuer	/SI
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  MICROCAST COMMUNICATIONS, INC.	FEB 2 2 2005
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
2130 Fillmore Street San Francisco, CA 94115	415-515-0426 152 /57
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business marketing services company	PROCESSED
business trust   limited partnership, to be formed  Month Year	please specify):  HOMSON FINANCIAL
CN for Canada; FN for other foreign jurisdiction)  GENERAL INSTRUCTIONS	
<b>Federal:</b> Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	ly signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for s ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law.	Securities Administrator in each state where sales or the exemption, a fee in the proper amount shall

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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this notice and must be completed.

14 (A. 1)		A. BASIC IDI	ENTIFICATION DATA		
2. Enter the information re	•	•			
·		suer has been organized w	•		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	er to vote or dispose, or di	rect the vote or disposition	of, 10% or more of	f a class of equity securities of the issuer.
<ul> <li>Each executive off</li> </ul>	icer and director of	f corporate issuers and of	corporate general and mar	naging partners of	partnership issuers; and
<ul> <li>Each general and n</li> </ul>	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Perlman, Al	f individual)				
Business or Residence Addre 73 Somerset Drive North		=	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Bolles, Gary	f individual)			ı	
Business or Residence Addre 2130 Fillmore Street, - Su			ode)	· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Perkowski, Michael	f individual)				
Business or Residence Addre 356 West Nicholai Street,	•		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	<b>✓</b> Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
2130 Fillmore Street - St	iite 283, San Fra	ancisco, CA 94115			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		

B. INFORMATION ABOUT OFFERING													
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes	No				
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.									\$_900.00°				
3.	Does th	a offering	permit joint	, ownerchi	n of a sina	la unit?						Yes	No
3. 4.													
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Fu	ll Name (	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	d Street, Ci	ty, State, Z	Lip Code)				<del></del>		
No	ma of Ass	registed Dr	oker or Dea										
INA	ille of As:	socialed bi	okei oi Dea	1101									
Sta			Listed Has										
	(Check	"All States	or check	individual	States)					•••••		☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	VA	WA	WV	WI	WY	PR
Fu	Full Name (Last name first, if individual)												
Bu	siness or	Residence	: Address (N	Number an	d Street, C	ity, State, 2	Zip Code)		· <del></del>				
Na	me of As	sociated Bi	oker or Dea	aler									
	*** * 37.71	!.l.D	Y 1-4 - 4 YT	- C - 11 - 14 - A		C. 11 . 14 1	D. 1					- 4	
512			Listed Hass " or check							•		☐ All States	
	AL IL	AK IN	[AZ]	AR KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	GA MN	HI MS	ID MO
	MT	NE	NV	NH	NJ	NM	$\overline{NY}$	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	$\overline{VT}$	VA	WA	WV	WI	WY	PR
Fu	ll Name (	Last name	first, if indi	ividual)								<del>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </del>	
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
	AL	AK	AZ	AR	CA	CO	$\overline{CT}$	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	$\overline{NY}$	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	:		
	Type of Security	Aggregate Offering Price	:	Amount Already Sold
	Debt	© 0.00		\$ 0.00
	Equity		_	\$ 40,682.16
	✓ Common Preferred	Ψ	_	Ψ
	Convertible Securities (including warrants)	0.00		0.00
	Partnership Interests			\$ 0.00
	Other (Specify)			\$ 0.00
	Total		_	\$ 40,682.16
	Answer also in Appendix, Column 3, if filing under ULOE.	Φ	_	φ
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number		Aggregate Dollar Amount
		Investors		of Purchases
	Accredited Investors		_	\$_39,772.90
	Non-accredited Investors	****		\$ 909.26
	Total (for filings under Rule 504 only)	5	_	\$_40,682.16
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.			
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505			\$ 0.00
	Regulation A			\$ 0.00
	Rule 504		-	\$ 0.00
	Total		_	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$0.00
	Printing and Engraving Costs			\$_0.00
	Legal Fees			\$ 2,500.00
	Accounting Fees		<u>-</u>	\$ 1,000.00
	Engineering Fees		$\overline{\Box}$	\$ 0.00
	Sales Commissions (specify finders' fees separately)		_	\$ 0.00
	Other Expenses (identify)		_	\$ 0.00
	Total			\$ 3,500.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCI	EDS		<u> Akternasi</u>
b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."			\$ <u>37,18</u>	32.16
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.				
	Dir	ments to Officers, ectors, & filiates		nents to hers
Salaries and fees	ך\$	0.00	□\$	0.0
Purchase of real estate	_ ]	Ŏ.00	_ \$	0.0
Purchase, rental or leasing and installation of machinery and equipment	_ 7\$_	0.00	\$	0.0
Construction or leasing of plant buildings and facilities	_ ] \$	0.00	\$	0.0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_ _ •	0.00	s	0.0
Repayment of indebtedness [		0.00	□ <b>\$</b>	0.0
Working capital		0.00	□ \$ <b>x</b> \$_37	
	_ \$ _ \$	0.00	<b>x</b> , \$	0.0
	<b>]</b> \$	0.00	\$	0.0
Column Totals	\$_	0.00	x \$ 37	,182.16
Total Payments Listed (column totals added)		× \$_37	,182.16	<u>i .</u>
 D. FEDERAL SIGNATURE	6.000 km 5	in the state of th		<del>,</del>

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature ()	Date			
MICROCAST COMMUNICATIONS, INC.	Signature Jeule	February <u>4</u> , 2005			
Name of Signer (Print or Type)	Title of Signer (Print or Type)				
Al Perlman	Chairman of the Board				

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)